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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Laurdry VIP 05 LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Raja Gidwani Name of Person	
Advantage Holding Firm/Company	
3920 Sw 186th C	Jay
Miramar FC 330 City/State and Zip Co Raja Gid wan (0) E-mail address: (to be used for future and	ode Gol, Com mual report notification)
For further information concerning this matter, please call:	695 - 9412 69 4
Raja Gidwani at (321) Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Solution Status Solution See S	y Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Launury VIPOS	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 9/1/19	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
DRY CLEAN VIF	03 LLC	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		** ***
Mailing address MAY BE A POST OFFICE BO	<u> </u>	7
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3. If amending the registered agent and/or	registered office address on our records, en	ter the name of the nev
egistered agent and/or the new registered office	ce address here:	
		<u> </u>
		- 第3 年
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	1
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			Add
			Remove
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		07	Ö	:
Effect	ive date, if other than the date of filing: (optional		5 7	
f an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date tent's effective date on the Department of State's records.	g.) Pursua	nt to 605.	
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Page 3 of 3

Filing Fee: \$25.00